

DIVISION OF CHILD CARE AND EARLY LEARNING (DCCEL)
FACILITY LICENSING COMPLIANCE
AGREEMENT

Date of inspection: LICENSOR/HEALTH SPECIALIST NAME LICENSOR/HEALTH SPECIALIST MAILING ADDRESS		INSPECTION TYPE		Page _____ of _____	
		TELEPHONE NUMBER (INCLUDE AREA CODE)			
NAME OF FACILITY OR LICENSEE		CONTROL IDENTIFICATION		ADMINISTRATOR/DIRECTOR (IF OTHER THAN A FAMILY HOME)	
ADDRESS		CITY		ZIP CODE	
				TELEPHONE NUMBER (INCLUDE AREA CODE)	
WASHINGTON ADMINISTRATIVE CODE (WAC)	NONCOMPLIANCE DESCRIPTION/SUMMARY	PLAN OF CORRECTION/ACTION		COMPLETE BY:	DATE COMPLETED

☐ I agree to correct the issues of noncompliance cited above by the dates indicated. I further agree to send written notification to the Division of Child Care and Early Learning (DCCEL) licensor or health specialist, no later than _____, documenting compliance.

☐ I request a supervisory review regarding one or more of the items above. FLCA Supervisory Review Request must be completed and attached.

I understand that I may call the licensor or health specialist for technical assistance to achieve compliance. I understand that if I do not complete the plan of correction by the agreed-upon date, the department may fine me a maximum civil penalty of \$75 (family homes) or \$250 (child care centers) per day per item of noncompliance. I understand that I may call the licensor or health specialist to request an extension, for good cause, if I am unable to complete the plan of correction by the agreed-upon date. I understand that the department may also take other licensing action for failure to meet licensing requirements. RCW 74.15.130

FACILITY ADMINISTRATOR'S OR PROVIDER'S SIGNATURE	DATE	LICENSOR/HEALTH SPECIALIST SIGNATURE	DATE
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DISTRIBUTION: White - Licensing File

Yellow - Applicant/Licensee

Pink - Return to Licensor/Health Specialist on Completion of Corrections